

~4/20/2010 0836



State University of New York
Upstate Medical University
Adult ED (315)464-5612 | Pediatric ED (315)464-5613

Patient: [REDACTED]
Patient Account: [REDACTED]
Medical Record: [REDACTED]

ED RECORD

Patient: [REDACTED]
Address 1: [REDACTED]

Arrival (CAIS): 4/20/2010 0836
Time Left ED: 4/20/2010 1231

City: [REDACTED]
State: [REDACTED]
Home Ph: [REDACTED]

DOB: [REDACTED]
Age: [REDACTED]
Sex: F

Mode of Arrival: CAR/WALK-IN CAR
Mode of Departure: Stretcher
Disposition: Admit UH
Condition at Disposition: Stable
Discharged With Whom: facility staff

Pt Weight: _____ Weight Obtained _____ Pt Height: _____
Triage Impression: r/o od

ESI Level	Comments	Entered	User Name
3		[REDACTED]	[REDACTED]

Current Home Medications

Medication	Dose	Route	Frequency	Last Dose	RN Comments/Reason taking	Source	Entered By
unknown							[REDACTED]

Allergies

Allergic Substance	Reaction	Severity	Entered By
sulf			[REDACTED]

Vital Signs

BP(S)	BP(D)	HR	RR	SAT	O2 Delivered	Temp(C)	Route	Pain Scale	Comment	Tsk/rt	4-elig
122	88	98	22	99%	RA	36.8 C	axillary	unable to assess	Initial VS	4/20/2010 0844	[REDACTED]
129	77	110	21	97%	RA					4/20/2010 1045	[REDACTED]
121	74	121	21	97%	RA					4/20/2010 1100	1144
111	75	117	17	97%	RA					4/20/2010 1115	[REDACTED]
101	104	123	20	100%	RA					4/20/2010 1130	1145
130	85	105	15	100%	Ventilator	37 C	monitored			4/20/2010 1140	[REDACTED]

Please see nursing notes for further VS 4/20/2010 1223 [REDACTED]



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Calls

Name	Specialty	Requested By	Request	Call 1	Call 2	Returned	Arrived
Micu Resident	Micu Resident	[REDACTED]	4/20/2010 1017	4/20/2010 1017		4/20/2010 1139	
Micu Resident	Micu Resident	[REDACTED]	4/20/2010 1140	4/20/2010 1140			
admission orders received		[REDACTED]	4/20/2010 1156				

Precautions: _____

CDC Warning Signs: _____

RN History Names: [REDACTED] _____

MD ED History: [REDACTED] _____

Res/PANP History: [REDACTED] _____

EMS/PMD _____

Enroute Pt. Directive: _____

Admit Info _____

Admitting Dx: intoxication

Admitting MD: [REDACTED]

Admitting MD Phone: _____

Unit Admitted: 06H

Admit to Room: _____

Dx/Instr _____

RN/Triage _____

NURSING TRIAGE (Adult)**HPI:**

arrives private vehicle - per friend pt was at a concert last evening - the 2 of them split up and again met up at the end of the concert. this am pt unresponsive, incontinence and possibly had a seizure.

PMH: unknown.

Surgeries: unknown.

TRIAGE DATA:

Last Tetanus: _____

LMP: _____

Falls Risk Factors: _____

Final Risk Score: _____

Behavioral Concerns: None

Patient accompanied by self.

Screens: (-) is negative (+) is positive.

(-) Social Services/Continuum of Care Notification

(-) Possible Abuse/Neglect

(-) Substance/Alcohol Use/Abuse Issues

(+/-) Safety Issues (falls, seizure, skin, living conditions)

(-) Safety Issues (suicidal, homicidal, behavioral, psychiatric)

(-) Reported Sexual Assault

(-) Rape Crisis/SANE notified

COMMUNICATION BARRIER: None.